

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-30-05</u>		2 Serial/Patent # <u>10/523058</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other		2-2-05	\$50.00							
		7 TOTAL AMOUNT OF REFUND		\$50.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	✓	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>6</td><td>--</td><td>1</td><td>9</td><td>1</td><td>0</td></tr></table>		0	6	--	1	9	1	0
0	6	--	1	9	1	0					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u>		TITLE: _____									
SIGNATURE: <u>BAC</u>		<small>Repl. Ref: 07/01/2005 BCAMPREL 0016492200 DAH:061 PHONE: 1-800-786-9199 FC: 9204</small>									
OFFICE: <u>PCT/DO/EO</u>		<small>\$50.00 CR</small>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: